

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90046 001 ***158.75

DOCUMENT # H75211 1. Entity Name HALDANE ELECTRIC, INC.					
Principal Place of Business 2130 SW HAYWORTH AVE PORT ST. LUCIE, FL 34953 US			Mailing Address 2133 SE BRYSON AV PORT ST. LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address 896 SW Grand Reserves Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Port St Lucie FL		4. FEI Number 59-2647935	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34986		Country USA		02242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent HALDANE, THOMAS W. 2133 S.E. BRYSON AVENUE PORT ST. LUCIE, FL 34952			7. Name and Address of New Registered Agent Name Haldane, Thomas W. Street Address (P.O. Box Number is Not Acceptable) 896 SW Grand Reserves Blvd City Port St Lucie FL Zip Code 34986		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HALDANE, THOMAS W. 2133 SE BRYSON AVE PORT ST. LUCIE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HALDANE, SHAROLYN A. 2133 SE BRYSON AVE PORT ST. LUCIE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			2/24/06 722-336-2233		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		